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CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date.			
Typed or Printed Name		Susan M. Alessi	
Signature		<i>Susan M. Alessi</i>	Date 01/02/2002
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT Address to: Commissioner for Patents Washington, D.C. 20231		Attorney Docket	CELL016
		First Named Inventor	De-Chao Yu et al.
		Application Number	09/814,292
		Filing Date	March 21, 2001
		Group Art Unit	1643
		Examiner Name	To Be Assigned
		Title	Human Urothelial Cell Specific Uroplakin Transcriptional Regulatory Sequences, Vectors Comprising Uroplakin-Specific Transcriptional Regulatory Sequences, and Methods of Use Thereof

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Sir:

This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references and International Search Report accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Supplemental Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815, Order No. CELL016 may be charged therefor.

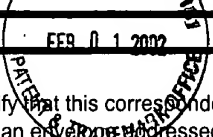
Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: January 2, 2002

By: *Pamela J. Sherwood*
Pamela J. Sherwood
Registration No. 36,677

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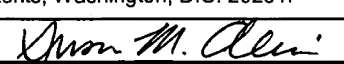
1643



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Name (Print/Type)	Susan M. Alessi	Signature		Date	01-02-2002
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TRANSMITTAL <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity	Application Number	09/814,292	
	Confirmation Number	4803	
	Filing Date	March 21, 2001	
	First Named Inventor	Yu et al.	
	Examiner	To be assigned	
	Group Art	1643	
	Attorney Docket No.	CELL016	

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total					\$ -
<input type="checkbox"/> 37 CFR §	Independent					\$ -
<input type="checkbox"/> Pages	Multiple					
Total Extra Claim Fees						\$ -

☐ Applicants Petition for an Extension of time from _____ to _____
 Fee _____
A _ month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee _____
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input type="checkbox"/> Other	Fee _____
	Fee _____
	Fee _____
	Fee _____
Subtotal \$ -	

☒ Supplemental Information Disclosure Statement

<input checked="" type="checkbox"/> PTO Form 1449	Pages <u>1</u>
<input checked="" type="checkbox"/> <u>4</u> Copies of Cited References	
<input checked="" type="checkbox"/> Other <u>International Search Report</u>	

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Fee _____

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other	Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages	Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815 order no. CELL-016. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Pamela J. Sherwood	Registration No. 36,677
Signature	<i>Pamela J. Sherwood</i>	Date 01-02-2002
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